| | Case 17-1366 | 2 Doc 1 | Filed 05/01/17 Document | Entere | d 05/01/17 09:24:52 Desc Main of 56 UNITED STATES BANKRUPTCY COURT | | |
|-----------------------------|--|--|--|--|--|----|--|
| | Fill in this information to iden | tify your case: | Document | rayeı | NORTHERN DISTRICT OF ILLINOIS | | |
| Œ | United States Bankruptcy Court | for the: | | MAY 0 1 2017 | | | |
| | Northern District of Illinois | | | | HAI OT ZOIL | | |
| | Case number (If known): | | Chapter you are filir | ng under: | JEFFREY P. ALLSTEADT, CLERK | | |
| | | | Chapter 11 Chapter 12 | | | | |
| | | | Chapter 13 | | Check if this is an amended filing | | |
| _(| Official Form 101 | | | | | | |
| P | Voluntary Pet | ition fo | r Individua | is Fili | ing for Bankruptcy 12/15 | | |
| tit D s B ir (i | om case—and in joint cases, the answer would be yes if eithe bettor 2 to distinguish between ame person must be Debtor 1 is a complete and accurate as | nese forms use or debtor owns a them. In joint con all of the form possible. If two eded, attach a s | you to ask for information car. When information ases, one of the spouse s. married people are filin | on from both is needed at s must repo a together. I | ied couple may file a bankruptcy case together—called a debtors. For example, if a form asks, "Do you own a car," bout the spouses separately, the form uses <i>Debtor 1</i> and rt information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The poth are equally responsible for supplying correct up of any additional pages, write your name and case numbers. | :E | |
| | | About Debtor | A. | *************************************** | | - | |
| 1. | Your full name | About Debtor | 1, | | About Debtor 2 (Spouse Only in a Joint Case): | | |
| | Write the name that is on your | STACY | | | | | |
| | government-issued picture identification (for example, your driver's license or | First name | | *************************************** | First name | | |
| | passport). | Middle name HARDEN | | | Middle name | | |
| | Bring your picture identification to your meeting with the trustee. | Last name | | | Last name | | |
| | with the trustee. | Suffix (Sr., Jr., II, | Ht) | | Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you | | | | | | |
| | have used in the last 8 years | First name | | | First name | | |
| | Include your married or maiden names. | Middle name | | | Middle name | | |
| | | Last name | | ************************************** | Last name | | |
| | | First name | | ······································ | First name | | |
| | | Middle name | | | Middle name | | |
| | | Last name | | | Last name | | |
| 7 | Only the last 4 digits of | | | | | | |
| ٠. | your Social Security | | 0 7 1 8 | | XXX XX | | |
| | number or federal Individual Taxpayer | OR | | | OR | | |
| | Identification number (ITIN) | 9 xx - xx - | | | 9 xx - xx | | |
| ~ ~ | Callat Marrie 404 | | | | | | |

3.

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| D | STACY HARI | | Case number (if known) | Case number (# known) | | | |
|----------|--|--|--|--|---|--|--|
| | First Name Middle N | ame Last Name | | | | | |
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Join | t Case): | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in | I have not used any busin | ness names or EINs. | I have not used any business names of | or EINs. | | |
| | the last 8 years | Business name | | Business name | | | |
| | Include trade names and doing business as names | Business name | | Business name | | | |
| | | EIN | THE STATE ST | EIN | | | |
| | | EIN | waters and the second | EIN | | | |
| 5. | Where you live | | | If Debtor 2 lives at a different address: | | | |
| | | 207 E 89TH PLACE Number Street | *** | Number Street | <u></u> | | |
| | | CHICAGO City | IL 60619 State ZIP Code | | ZIP Code | | |
| | | Cook County | | County | | | |
| | | If your mailing address is di above, fill it in here. Note the any notices to you at this mail | at the court will send | If Debtor 2's mailing address is differen yours, fill it in here. Note that the court w any notices to this mailing address. | t from ill send | | |
| | | Number Street | | Number Street | | | |
| | | P.O. Box | | P.O. Box | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | City | State ZIP Code | e City State | ZIP Code | | |
| . | Why you are choosing this district to file for | Check one: | | Check one: | | | |
| | bankruptcy | Over the last 180 days bef I have lived in this district I other district. | ore filing this petition, onger than in any | Over the last 180 days before filing this I have lived in this district longer than in other district. | petition, any | | |
| | | I have another reason. Exp (See 28 U.S.C. § 1408.) | olain. | l have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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| Debtor | 1 | |
|--------|---|--|
| | | |

STACY HARDEN
First Name Middle Name Last Name

Case number (if known)____

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|------|-----|---|-------|-----|----|
| 12 | а | A | 18 | ~ | н |
| M iš | Law | | 200 E | 245 | П |

Tell the Court About Your Bankruptcy Case

| 7. | The chapter of the Bankruptcy Code you | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|-----|---|---|--------------------------------|--|--|--|--|--|
| | are choosing to file under | ☑ Chapter 7 | | | | | | |
| | | Chapter 11 | | | | | | |
| | | ☐ Cha | pter 12 | 2 | | | | |
| | | ☐ Cha | pter 13 | 3 | | | | |
| | | | | | | | | |
| 8. | How you will pay the fee | loca your subr | l court self, yo nitting | for more details about ou may pay with cash, | how you m cashier's c | nay pay. Typicall heck, or money | eck with the clerk's office in your ly, if you are paying the fee order. If your attomey is pay with a credit card or check | |
| | | | | | | | otion, sign and attach the nts (Official Form 103A). | |
| | | By la less pay | aw, a ju than 1 the fee | udge may, but is not re 50% of the official pov | equired to, verty line that u choose th | waive your fee, a at applies to you is option, you m | ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> with your petition. | |
| 9. | Have you filed for | ☑ No | | | | | | |
| | bankruptcy within the last 8 years? | | District | | When | | Case number | |
| | .acco you.o. | | | | | MM / DD / YYYY | | |
| | | | District | | when | MM / DD / YYYY | Case number | |
| | | | District | with the first that are a second or a seco | When | MM / DD / YYYY | Case number | |
| 10. | Are any bankruptcy | ☑ No | | | | | | |
| | cases pending or being filed by a spouse who is | ☐ Yes. | Debtor | W | | | Relationship to you | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | District | | When | MM / DD / YYYY | Case number, if known | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When | MM / DD / YYYY | Case number, if known | |
| 11. | Do you rent your ≤ ⅓ residence? | No. Yes. | Has your resident No | nce? . Go to line 12. | | | and do you want to stay in your Against You (Form 101A) and file it with | |

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| ebtor 1 STACY HARD First Name Middle Nam | DEN ne Last Name | in the second se | Case number (# | ranown) | |
|---|--|--|--|--|------|
| artis: Report About Any E | Businesses You Own as a | Sole Proprie | tor | | |
| Are you a sole proprietor | ☑ No. Go to Part 4. | METANIA METANIA MANAGAMAN MANAGAMAN MANAGAMAN METANIA | ektekkinistensile sila in 1900-in olev kenning en operang en | | |
| of any full- or part-time | ☐ Yes. Name and location of | f hyningan | | | |
| business? A sole proprietorship is a | LE 165. Name and tocation of | 1 DUSINESS | | | |
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or | Name of business, if an | ıy | | | |
| LLC. | Number Street | | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach it | | | | | |
| to this petition. | City | | State | ZIP Code | |
| | Check the appropria | le box to describ | e your business: | | |
| | Health Care Bus | iness (as defined | d in 11 U.S.C. § 101(27A) |)) | |
| | ☐ Single Asset Rea | ıl Estate (as defi | ned in 11 U.S.C. § 101(5 | 1B)) | |
| | Stockbroker (as | defined in 11 U.S | S.C. § 101(53A)) | | |
| | Commodity Brok | er (as defined in | 11 U.S.C. § 101(6)) | | |
| | ☐ None of the above | 'e | | | |
| Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | any of these documents do not like No. I am not filing under the Bankruptcy Code ☐ Yes. I am filing under Cha | ot exist, follow th Chapter 11. pter 11, but I am | e procedure in 11 U.S.C. | ent, and federal income tax returns \$ 1116(1)(B). ebtor according to the definition according to the definition in the | ı in |
| Report if You Own o | Bankruptcy Code. | operty or Any | y Property That Need | Is Immediate Attention | |
| Do you own or have any property that poses or is | ☑ No | | | | |
| alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any | ☐ Yes. What is the hazard? | A see to be a see | | | |
| property that needs immediate attention? | If immediate attention | on is needed, wh | y is it needed? | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | halada da | | | |
| | Where is the proper | ty? Number | Street | | |
| | | | No. No. Ph. William be and the Market Market Market and a second assessment as a second assessment as a second | | |
| | | City | | State ZIP Code | |

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Debtor 1

STACY HARDEN
First Name Last Name Last Name

| Case number (if known) |
|------------------------|
|------------------------|

Part 5

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| lam | not | required | to | receive | a | briefing | about |
|-------|------|----------|----|----------|-----|----------|-------|
| credi | t co | unseling | be | ecause o | of: | | |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

ty. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after t

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Cinck blows | | |

| Case number (if known) |
|------------------------|
|------------------------|

| Pa | 1716 Answer These Ques | stions for Reporting Purpose | es | | | | |
|-----|--|---|---|---|--|--|--|
| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | you nave: | ☐ No. Go to line 16b. ☐ Yes. Go to line 17. | | | | | |
| | | | ily business debts? Business debts restment or through the operation of the | | | | |
| | | No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts you | owe that are not consumer debts or bu | siness debts. | | | |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under Cha | apter 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is | Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | excluded and | ☐ No | | | | | |
| | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | | | | | |
| 18. | How many creditors do | 2 1-49 | 1,000-5,000 | 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 ☐ 100-199 ☐ 200-999 | 5,001-10,000 10,001-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 | | | |
| 19. | How much do you estimate your assets to | Ø \$0-\$50,000 | ☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million | ☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion | | | |
| | be worth? | ☐ \$100,001-\$100,000 ☐ \$500,001-\$1 million | \$50,000,001-\$100 million \$100,000,001-\$500 million | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion | | | |
| 20. | How much do you | ☑ \$0-\$50.000 | ☐ \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | |
| | estimate your liabilities | \$50,001-\$100,000 | □ \$10,000,001-\$50 million | ☐ \$1,000,000,001-\$10 billion | | | |
| | to be? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | | |
| | | ☐ \$500,001-\$1 million | \$100,000,001-\$500 million | ☐ More than \$50 billion | | | |
| | ਜ਼ਿੱਖ7ੇ Sign Below | | | | | | |
| Fo | ryou | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | |
| | | | I I did not pay or agree to pay someone and read the notice required by 11 U.S. | who is not an attorney to help me fill out C. § 342(b). | | | |
| | | I request relief in accordance with | h the chapter of title 11, United States (| Code, specified in this petition. | | | |
| | | I understand making a false state with a bankruptcy case can result 18 U.S.G-§§ 152, 1341, 1519, at | It in fines up to \$250,000, or imprisonm | g money or property by fraud in connection ent for up to 20 years, or both. | | | |
| | | Signature of Debtor | Ord × Signatur | re of Debtor 2 | | | |
| | | | - | | | | |
| | | Executed on 04/29/2017 MM / DD /Y | Execute | d on | | | |

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| Debtor 1 STACY HARD First Name Middle Name | EN Last Name | Case number (if known) | |
|---|--|---|--|
| For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page. | I, the attorney for the debtor(s) named in this petition, to proceed under Chapter 7, 11, 12, or 13 of title 11, available under each chapter for which the person is the notice required by 11 U.S.C. § 342(b) and, in a caknowledge after an inquiry that the information in the | United States Code, a eligible. I also certify ase in which § 707(b)(| and have explained the relief that I have delivered to the debtor(s (4)(D) applies, certify that I have no |
| need to me uns page. | Signature of Attorney for Debtor | Date | MM / DD /YYYY |
| | Printed name Firm name Number Street | | |
| | City | State | ZIP Code |
| | Contact phone | Email addres | |

State

Bar number

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Debtor 1

STACY HARDEN

Last Na

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| be familiar with any state exemption laws that apply. | | |
|--|-------------------|-------------------------|
| Are you aware that filing for bankruptcy is a serious actionsequences? No Yes | ion with long-te | rm financial and legal |
| Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprisor No Yes | | bankruptcy forms are |
| Did you pay or agree to pay someone who is not an attor No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Deci | | |
| By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I | hat filing a bani | kruptcy case without an |
| Signature of Debtor 1 | Signature of De | btor 2 |
| Date 04/29/2017 MM / DD / YYYY | Date | MM / DD / YYYY |
| Contact phone (773) 930-0618 | Contact phone | |
| Cell phone | Cell phone | |
| Email address stacyharden5@gmail.com | Email address | |
| | | |

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| Fill in this ir | nformation to id | entify your case: | | |
|---------------------|---------------------|--------------------------------|-----------|--|
| Debtor 1 | STACY HAR | DEN | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court fo | or the: Northern District of I | llinois | |
| Case number | | | | |
| | (if known) | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| your original forms, you must fill out a new Summary and check the box at the top of this page. | |
|--|--------------------------------------|
| Part 1: Summarize Your Assets | |
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) | . 0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$ |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$3,000.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$3,000.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 53,216.00 |
| Your total liabilities | \$ 53,216.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of Schedule I | \$1,200.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) | 4.175.00 |
| Copy your monthly expenses from line 22c of Schedule J | \$1,175.00 |

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Debtor 1

STACY HARDEN Document Page 1

51 50

| U | epibi I | First Name | Middle Name | Last Name | | Case number (if known) | | |
|----|----------------|------------------------------|---------------------------------|--|--|---|---------------------|------------|
| G | art 4: | Answer T | hese Questio | ns for Administrative | and Statistical Re | cords | | |
| 6 | Are you | u filing for b | ankruptcy und | er Chapters 7, 11, or 131 | ? | | | |
| | ☐ No. ☑ Yes | You have no | othing to report o | on this part of the form. Ch | neck this box and submi | it this form to the court with yo | our other schedules | S . |
| 7. | What ki | nd of debt o | lo you have? | | | | | |
| | You fami | r debts are ly, or housel | primarily consunold purpose." 1 | umer debts. Consumer de 1 U.S.C. § 101(8). Fill out | ebts are those "incurred lines 8-9g for statistical | f by an individual primarily for purposes. 28 U.S.C. § 159. | a personal, | |
| | ☐ You | r debts are | | onsumer debts. You have | | nis part of the form. Check this | s box and submit | |
| 8. | From th | e Statemen 2A-1 Line 11 | t of Your Curre | nt Monthly Income: Copy B Line 11; OR , Form 122 | y your total current mon | thly income from Official | | |
| | | Zi i Ene [i | i, OR, i olili 122 | D Life 11; UR , FORM 122 | C-1 Line 14. | | \$ | 1,200.00 |
| | | | | | | | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|---|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + 3 | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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Other information you wish to add about this item, such as local

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|----------|-----------------------|------------|-----------------|---------------------------|---------------------------------------|
| Debtor 1 | STACY HARDEN | | Document | Page 12 of 56 | |
| | First Name Middle Nar | me Last Na | me | | , , , , , , , , , , , , , , , , , , , |

| | Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | ed claims on Schedule D: |
|---------|--|---|---|---|
| | City State ZIP Code | ☐ Timeshare ☐ Other Who has an interest in the property? Check one. | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | County | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | | ommunity property |
| | | Il of your entries from Part 1, including any entried | | \$0.00 |
| | own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle | st in any vehicles, whether they are registered or | not? Include any vehicles | \$ |
| 3. Cars | | | | |
| | No Yes | | and Unexpired Leases. | |
| Z ı | No | , motorcycles | and Unexpired Leases. Do not deduct secured clathe amount of any securer | aims or exemptions. Put d claims on <i>Schedule D</i> : |
| | No Yes Make: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | and Unexpired Leases. Do not deduct secured clathe amount of any securer Creditors Who Have Clain | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. |
| | Make: Model: Year: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | and Unexpired Leases. Do not deduct secured clathe amount of any securer Creditors Who Have Clain | aims or exemptions. Put d claims on <i>Schedule D</i> : |
| | No Yes Make: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the |
| 3.1. | Make: Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| 3.1. | Make: Model: Year: Approximate mileage: Other information: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| 3.1. | Make: Model: Approximate mileage: Other information: u own or have more than one, describe here: Make: Make: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any securer control of any securer clathe amount of any securer. | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |
| 3.1. | Make: Model: Year: Approximate mileage: Other information: u own or have more than one, describe here: Make: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Clain | aims or exemptions. Put d claims on Schedule D: ins Secured by Property. Current value of the portion you own? \$ |
| 3.1. | Make: Model: Year: Approximate mileage: Other information: u own or have more than one, describe here: Make: Model: Year: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any securer control of any securer clathe amount of any securer. | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |
| 3.1. | Make: Model: Year: Approximate mileage: Other information: u own or have more than one, describe here: Make: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secured clathe amount of any secured Creditors Who Have Clain Current value of the | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |

| Case : | 17-13662 | Doc 1 | | Entered 05/01/17 09:24:52 | Desc Main |
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| First Name | Middle Name | Last Na | me | A Commence of the Commence of | |

| 3 | Make: Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? | ed claims on <i>Schedule D:</i> ms Secured by Property. |
|---|--|--|--|--|
| 3 | Make: Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| E | | d other recreational vehicles, other vehicles, and access atercraft, fishing vessels, snowmobiles, motorcycle accesso | | |
| 4 | Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D: |
| | | Check if this is community property (see instructions) | \$ | \$ |
| | you own or have more than one, list here: .2. Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ | claims on Schedule D: |
| | | | | |

STACY HARDEN

Document

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Debtor 1

Last Name

| Part 3: | Describe | Your Personal | and | Household | Item |
|---------|----------|---------------|-----|-----------|------|
|---------|----------|---------------|-----|-----------|------|

| Do | you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----|---|---|
| 6. | Household goods and furnishings | |
| | Examples: Major appliances, fumiture, linens, china, kitchenware | |
| | □ No | |
| | 2 Yes. Describe | s 1,200.00 |
| | | Y |
| 7. | Electronics | |
| | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| | □ No | |
| | ✓ Yes. Describe | \$1,100.00 |
| | | |
| 8. | Collectibles of value | |
| | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | |
| | Yes. Describe | _ |
| | | \$ <u></u> |
| 9. | Equipment for sports and hobbies | |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| | ☑ No | |
| | Yes. Describe | \$ |
| | | |
| 10. | Firearms | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| | ☑ No ☐ Yes. Describe | |
| | Yes. Describe | \$ |
| 11 | Clothes | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | □ No | |
| | ☑ Yes. Describe | ¢ 700.00 |
| | | Ψ |
| | Townston. | |
| | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| | 2 No | |
| | Yes. Describe | \$ |
| 13 | Non-farm animals | |
| | Examples: Dogs, cats, birds, horses | |
| | | |
| | ☑ No ☐ Yes. Describe | |
| | Yes, Describe | \$ |
| | Any other personal and household items you did not already list, including any health aids you did not list | |
| | ₩ No | |
| | Yes. Give specific | \$ |
| | information | T Application of the Control of the |
| | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | \$ 3,000.00 |
| | for Part 3. Write that number here | 2,000.00 |

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Debtor 1

STACY HARDEN

Last Name

Describe Your Financial Assets Part 4:

| Do you own or have any | y legal or equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|--|--|---|
| 16. Cash Examples: Money you | a have in your wallet, in your hon | ne, in a safe deposit box, and on hand when you file your | petition |
| ☑ No | | | |
| ☐ Yes | | Cash: . | \$ |
| 17. Deposits of money <i>Examples:</i> Checking, and other | savings, or other financial accou similar institutions. If you have m | ints; certificates of deposit; shares in credit unions, broke cultiple accounts with the same institution, list each. | rage houses, |
| ☑ No ☐ Yes | | Institution name: | |
| _ , , , , , , , , , , , , , , , , , , , | | | |
| | 17.1. Checking account: | | \$ |
| | 17.2. Checking account: | | <u> </u> |
| | 17.3. Savings account: | | <u> </u> |
| | 17.4. Savings account: | | <u> </u> |
| | 17.5. Certificates of deposit: | | |
| | 17.6. Other financial account: | | |
| | 17.7. Other financial account: | | |
| | 17.8. Other financial account: | | |
| | | | * |
| | 17.9. Other financial account: | | \$ |
| 18. Bonds, mutual funds | , or publicly traded stocks | | |
| • | , investment accounts with brok | erage firms, money market accounts | |
| ☑ No ☐ Yes | Institution or issuer name: | | |
| 4 (65 | HISTORIOH OF ISSUEL HATTE. | | |
| | | | \$ |
| | <u> </u> | | \$ |
| | aga-ba-ba-ba-ba-ba-ba-ba-ba-ba-ba-ba-ba-ba | | Ψ |
| | | | · |
| 19 Non-publicly traded an LLC, partnership, | | rated and unincorporated businesses, including an ir | nterest in |
| 2 No | Name of entity: | | vnership: |
| Yes. Give specific information about | | 0% | <u>%</u> \$ |
| them | | 0% | <u>%</u> \$ |
| | | 0% | % \$ |

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Debtor 1

STACY HARDEN

Last Name

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| | Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. | | | | |
|-----|---|--|---|----------------------------------|--|
| | - | • | | | |
| | Ø No | Inc. to a page 2 | | | |
| | Yes. Give specific information about | Issuer name: | | | |
| | them | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | | |
| 21. | Retirement or pension | | | | |
| | • | RA, ERISA, Keogh, 40 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | | |
| | ☑ No | | | | |
| | Yes. List each | Type of account: | Institution name: | | |
| | account separately. | Type or account. | institution rame. | | |
| | | 401(k) or similar plan: | | \$ | |
| | | Pension plan: | | \$ | |
| | | IRA: | | \$ | |
| | | 11.V.S. | | | |
| | | Retirement account: | | \$ | |
| | | Keogh: | | \$ | |
| | | Additional account: | | \$ | |
| | | Additional account: | | \$ | |
| | | Aughiorial account. | | P | |
| 22. | Security deposits and | UERTRANTIERIES | | | |
| | | l deposits you have m with landlords, prepai | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | | |
| | Examples: Agreements companies, or others No | l deposits you have m with landlords, prepai | d rent, public utilities (electric, gas, water), telecommunications | \$ | |
| | Examples: Agreements companies, or others No | deposits you have m with landlords, prepai | d rent, public utilities (electric, gas, water), telecommunications | \$\$ | |
| | Examples: Agreements companies, or others No | I deposits you have m with landlords, prepai Ins Electric: | d rent, public utilities (electric, gas, water), telecommunications | \$ \$ \$ | |
| | Examples: Agreements companies, or others No | I deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: | d rent, public utilities (electric, gas, water), telecommunications | \$ | |
| | Examples: Agreements companies, or others No | I deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: | d rent, public utilities (electric, gas, water), telecommunications | \$ | |
| | Examples: Agreements companies, or others No | I deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: Security deposit on rer Prepaid rent: | d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$ | |
| | Examples: Agreements companies, or others No | I deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: Security deposit on rer Prepaid rent: Telephone: | d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ | |
| | Examples: Agreements companies, or others No | I deposits you have me with landlords, prepaid line Electric: Gas: Heating oil: Security deposit on reme Prepaid rent: Telephone: Water: | d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$ | |
| | Examples: Agreements companies, or others No | I deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: Security deposit on rer Prepaid rent: Telephone: Water: Rented furniture: | d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ | |
| | Examples: Agreements companies, or others No | I deposits you have me with landlords, prepaid line Electric: Gas: Heating oil: Security deposit on reme Prepaid rent: Telephone: Water: | d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ \$\$ | |
| | Examples: Agreements companies, or others No | I deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: Security deposit on rer Prepaid rent: Telephone: Water: Rented furniture: | d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ | |
| 23. | Examples: Agreements companies, or others No Yes | Institute of the control of the cont | d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ | |
| 23. | Examples: Agreements companies, or others No Yes | Institute of the control of the cont | d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: htal unit: | \$ \$ \$ \$ \$ | |
| 23. | Examples: Agreements companies, or others No Yes Annuities (A contract fo | Institute of the control of the cont | of money to you, either for life or for a number of years) | \$ \$ \$ \$ \$ | |
| 23. | Examples: Agreements companies, or others No Yes | Institute the control of the control | of money to you, either for life or for a number of years) | \$ \$ \$ \$ \$ | |
| 23. | Examples: Agreements companies, or others No Yes Annuities (A contract fo | Institute the control of the control | of money to you, either for life or for a number of years) | \$ \$ \$ \$ \$ \$ | |

STACY HARDEN

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Debtor 1

| 24 | 26 U.S.C. §§ 530(b)(1), 529A(t | b), and 529(b)(1). | alified ABLE program, or under a qualified s scription. Separately file the records of any inte | , - | |
|------|--|--|--|------------------------|---|
| | | insuluion hame and des | scription. Separately file the records of any inte | rests.11 U.S.C. § 521 | (c): |
| | | | | | \$ |
| | | | | | |
| | | | | | \$ |
| | | | | | \$ |
| 25 | exercisable for your benefit | terests in property (other | er than anything listed in line 1), and rights | or powers | |
| | 2 No | | | | |
| | ☐ Yes. Give specific | | | | |
| | information about them | | | | \$ |
| 26. | Patents, copyrights, tradema Examples: Internet domain nam No Yes. Give specific information about them | rks, trade secrets, and nes, websites, proceeds t | other intellectual property from royalties and licensing agreements | | \$ |
| | | | | | Ψ |
| 27. | Licenses, franchises, and oth Examples: Building permits, exc ✓ No ☐ Yes. Give specific information about them | | tive association holdings, liquor licenses, profe | ssional licenses | \$ |
| Mo | ney or property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | | | | |
| | 2 No | | | | |
| | ☐ Yes. Give specific information | n. | • | | |
| | about them, including v | | | Federal: | \$ |
| | you already filed the re- | turns | | State: | \$ |
| | and the tax years | *************************************** | | Local: | \$ |
| | | | | | · PARAMETER AND |
| | Family support Examples: Past due or lump sun No Yes. Give specific informatio | | ort, child support, maintenance, divorce settler | ent, property settleme | nt |
| | | | | Alimony: | \$ |
| | | | | Maintenance: | \$ |
| | | | | Support: | \$ |
| | | | | Divorce settlement: | \$ |
| | | | | Property settlement: | \$ |
| 2A 4 | Othor amounts assesses | | | - 1 2 | * |
| į | Social Security benef | ility insurance payments, fits; unpaid loans you ma | disability benefits, sick pay, vacation pay, wor de to someone else | kers' compensation, | |
| | Yes. Give specific information | n | | | |
| | | | | | \$ |

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Debtor 1

Last Name

| 31 | Interests in insurance policies Examples: Health, disability, or life insuran | ce; health savings account (HSA); credit, homeowner | r's, or renter's insurance | |
|-----|--|---|--|--|
| | 2 No | | | |
| | Yes. Name the insurance company of each policy and list its value | Company name: Ber | neficiary: | Surrender or refund value: |
| | | | | \$ |
| | | | | \$ |
| | | | ************************************** | \$ |
| 32 | property because someone has died. | from someone who has died xpect proceeds from a life insurance policy, or are cu | rrently entitled to receive | |
| | ✓ No ☐ Yes. Give specific information | | | \$ |
| 33. | Examples: Accidents, employment dispute | not you have filed a lawsuit or made a demand fo s, insurance claims, or rights to sue | or payment | |
| | ✓ No ☐ Yes. Describe each claim | | | \$ |
| 34. | Other contingent and unliquidated claim to set off claims | s of every nature, including counterclaims of the | debtor and rights | |
| | Yes. Describe each daim. | | | \$ |
| | | | | |
| 35. | Any financial assets you did not already | list | | |
| | ✓ No ☐ Yes. Give specific information | | | |
| | | | | 3 |
| 36. | Add the dollar value of all of your entrie for Part 4. Write that number here | s from Part 4, including any entries for pages you | have attached | \$0.00 |
| 7 | 1715) Describe Any Business-I | Related Property You Own or Have an i | interest in. List any re | al estate in Part 1. |
| 37 | Do you own or have any legal or equitab | le interest in any business-related property? | ************************************** | |
| | 2 No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accounts receivable or commissions yo | u already earned | | |
| | ☑ No | | | |
| | Yes. Describe | | | \$ |
| 30 | Office equipment, furnishings, and supp | nline | | - |
| 3¥. | • • • • • | nes , moderns, printers, copiers, fax machines, rugs, telephones, | desks, chairs, electronic devices | |
| | ☑ No | | | |
| | Yes. Describe | | | \$ |

Entered 05/01/17 09:24:52 Desc Main Case 17-13662 Doc 1 Filed 05/01/17 Page 19 of 56 Case number (if known) Document STACY HARDEN Debtor 1 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ₩ No ☐ Yes. Describe...... 41. Inventory ☑ No Yes. Describe...... 42. Interests in partnerships or joint ventures ₩ No Yes. Describe Name of entity: % of ownership: 43 Customer lists, mailing lists, or other compilations MO No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe 44. Any business-related property you did not already list M No Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46 Do you own or have any legal or equitable interest in any farm, or commercial fishing-related property?

Part 6

| 10.20 Jos on to the carly logar or educable arterest at any tarni- or commercial sisting-telested brobe | ity : |
|---|--|
| No. Go to Part 7. | • |
| Yes. Go to line 47. | |
| | Current value of the portion you own? |
| | Do not deduct secured claims or exemptions. |
| 47. Farm animals | • |
| Examples: Livestock, poultry, farm-raised fish | |
| A No. | |

Q Yes.....

Page 20 of 56 Debtor 1 48. Crops-either growing or harvested **1** No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade 2 No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed Mo No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list Z No Yes. Give specific information.... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7 Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Z No Yes. Give specific information..... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 3,000.00 57. Part 3: Total personal and household items, line 15 0.00 58. Part 4: Total financial assets, line 36 0.00 59 Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 3,000.00 Copy personal property total > +s 62. Total personal property. Add lines 56 through 61. 3.000.00 63. Total of all property on Schedule A/B. Add line 55 + line 62. 3,000.00

Case 17-13662

STACY HARDEN

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| *************************************** | | Document | Page 21 of 56 | |
|--|--|--|--|---|
| Fill in this inform | nation to identify your case: | | | |
| i nenini i | ACY HARDEN | | MONORMAN AND THE PROPERTY OF CONTROLLER AND AN EXECUTION OF THE PROPERTY OF TH | |
| Debtor 2 | Name Middle Name | Last Name | | |
| (Spouse, if filing) First | Name Middle Name | Last Name | THE PROPERTY OF THE PROPERTY O | |
| United States Bank | ruptcy Court for the: Northern Distr | rict of Illinois | | |
| Case number | | | | Check if this is a |
| (it known) | | | Name of the Control o | amended filing |
| ○ <i>EC</i> : -1 -1 <i>E</i> : -1 | 4000 | | | |
| Official For | | | | |
| Schedul | le C: The Pro _l | perty You | Claim as Exemp | 04/16 |
| Using the property space is needed, fil | you listed on <i>Schedule A/B: Pro</i> | perty (Official Form 106/ | gether, both are equally responsible for sAB) as your source, list the property that additional Page as necessary. On the top | you claim as exempt. If more |
| specific dollar among any applicable streament funds— limits the exemptic | ount as exempt. Alternatively, statutory limit. Some exemptio -may be unlimited in dollar an | you may claim the full ons—such as those for nount. However, if you nt and the value of the | mount of the exemption you claim. On fair market value of the property being health aids, rights to receive certain of claim an exemption of 100% of fair mater property is determined to exceed that | g exempted up to the amount benefits, and tax-exempt arket value under a law that |
| | ify the Property You Clain | | | |
| ☑ You are cla | exemptions are you claiming? aiming state and federal nonban aiming federal exemptions. 11 L arty you list on Schedule A/B to | kruptcy exemptions. 11 J.S.C. § 522(b)(2) | | |
| | ion of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief description: | clothes | \$ 700.00 | □ \$ 700.00 | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief | electronics | \$ 1,100.00 | □ \$ 1,100.00 | |
| description: Line from Schedule A/B: | | * | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | furniture | \$ 1,200.00 | □ \$ 1,200.00 | |
| Line from Schedule A/B: | WARRANCE CONTROL OF THE PARTY O | | 100% of fair market value, up to any applicable statutory limit | |
| (Subject to adju | ing a homestead exemption of istment on 4/01/19 and every 3 | | s filed on or after the date of adjustment.) | |
| ☑ No □ Yes Did vo | u acquire the property covered l | by the evernation within | 1 345 days hafam you filed this A | |

No Yes

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Debtor 1

STACY HARDEN First Name

Middle Name Last Name Case number (if known)_

Part 2:

Additional Page

| | tion of the property and line A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|---|--------------------------------------|--|---|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: Line from | | \$ | □ \$ 100% of fair market value, up to | |
| Schedule A/B: Brief description: Line from | | \$ | any applicable statutory limit \$ | *************************************** |
| Schedule A/B: | NP-COMPLET AND ADMINISTRA | | any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | ☐ \$ ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B; | | \$ | ☐ \$ ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | *************************************** | \$ | □ \$ s | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ s 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ s □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ 100% of fair market value, up to any applicable statutory limit | |

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| Fill in this information to identify your case | 50: | | | |
|---|--|------------------------------------|---|-------------------|
| Debtor 1 STACY HARDEN | | | | |
| First Name Middle I Debtor 2 | Name East Name | | | |
| (Spouse, if filing) First Name Middle I | Name Last Name | | | |
| United States Bankruptcy Court for the: Northern | District of Illinois | | | |
| Case number | | | | |
| (If known) | | | ☐ Check i amende | |
| | | | | 9 |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secur | ed by Pro | perty | 12/15 |
| information. If more space is needed, cop | If two married people are filing together, both are ed y the Additional Page, fill it out, number the entries, | | | |
| additional pages, write your name and cas | se number (if known). | | | |
| 1. Do any creditors have claims secured b | | | | |
| party. | m to the court with your other schedules. You have nothing | ng else to report on | this form. | |
| Yes. Fill in all of the information below. | | | | |
| Part 19 List All Secured Claims | | | | |
| | | Column A | Column B | Column C |
| | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| As much as possible, list the claims in alph | nabetical order according to the creditor's name. | value of collateral. | claim | If any |
| 2.1 | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| *************************************** | ☐ Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| • | ☐ Disputed | | | |
| Who owes the debt? Check one. Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | Other (including a right to offset) | - | | |
| community debt | | | | |
| Date debt was incurred2.2 | Last 4 digits of account number | | | |
| Creditor's Name | Describe the property that secures the claim: | \$ | \$\$ | 3 |
| Clemin 2 Mans | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| aven. | Other (including a right to offset) | - | | |
| ☐ Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | _ | - | |
| Add the dollar value of your entries in 0 | Column A on this page. Write that number here: | \$ | | |

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Debtor 1

STACY HARDEN

First Name Last Name Case number (if known),

| Additional Page Part 1: After listing any entries on this by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|---|--|-----------------------------------|
| and the second s | Describe the property that secures the claim: | \$ | \$! | B |
| Creditor's Name | • | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured) | | | |
| Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| At least one of the debtors and another | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | \$ | S |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent ☐ Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | _ | | |
| Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | \$ | |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | Outer (stocklong a right to onser) | • | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entries | in Column A on this page. Write that number here: | \$ | | |
| If this is the last page of your form, Write that number here: | add the dollar value totals from all pages. | \$ | | |

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STACY HARDEN

| ******** | ~~~~~~ | | | |
|------------|--------|---------------|-------|------------|
| i Name | | Middle Na | ome I | Last Name |
| ar reasure | | SURFIGURE LEG | 3436 | Last Manie |
| | | | | |

| Jeolol 1 | | | | Case transport of Receipt | |
|----------|------------|-----------------|---------------------------------------|---------------------------|--|
| | First Name | Middle Name | Last Name | | |
| Part 2: | List Other | s to Be Notific | ed for a Debt That You Already Listed | | |
| | | | | | |

| ag yo | ency is try u have mo | ing to collect from yo re than one creditor I | ou for a debt you owe to | someone else, list the you listed in Part 1, l | a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to |
|----------|--|--|--|---|--|
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | City | | Clare | Zii Godo | On which line in Part 1 did you enter the creditor? |
| | Name | , | | | Last 4 digits of account number |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| | 1,, | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | | | | | |
| | Number | Street | | | _ |
| | <u> </u> | | Oi-vi- | 710.0-4- | |
| | City | | State | ZIP Code | |
| | Name | | | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| | (tarric | | | | Last 4 digita of decodirections of the same same same same same same same sam |
| | Number | Street | | | - |
| | ************************************** | *************************************** | 1. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | City | | State | ZIP Code | _ |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | |

Case 17-13662 Doc 1 Filed 05/01/17 Entered 05/01/17 09:24:52 Desc Main Page 26 of 56 Fill in this information to identify your case: STACY HARDEN Debtor 1 First Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Dard 1s List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Target Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another ☐ Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify O No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent City Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt Is the claim subject to offset? Other, Specify O No Yes

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Part 18 Your PRIORITY Unsecured Claims — Continuation Page

| er listing any entries on this page, number ther | n beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|--|--|-------------|--------------------|-----------------------|
| Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | \$ |
| Thorny (Technol Sharke | When was the debt incurred? | | | |
| Number Street | Wileli Was the debt incurred: | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| | ☐ Disputed | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| ☐ At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| □ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | Last 4 digits of account number | \$ | \$ | \$ |
| Priority Creditor's Name | | | | |
| | When was the debt incurred? | | | |
| Number Street | | | | |
| ************************************** | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| 1866 a Tura, manada hara da ha Charlinana | ☐ Disputed | | | |
| Who incurred the debt? Check one. | Towns of DDIODITY consequent alaims | | | |
| Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | | | |
| | Claims for death or personal injury while you were intoxicated | | | |
| Check if this claim is for a community debt | Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| □ No | | | | |
| ☐ Yes | | | | |
| La res | | | | |
| | Last 4 digits of account number | \$ | \$ | . \$ |
| Priority Creditor's Name | Annual Annual Control of the Control | | | |
| Number Street | When was the debt incurred? | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| | Cities, Specify | | | |
| Is the claim subject to offset? | C Other, Specify | | | |

Part 2

Case 17-13662 STACY HARDEN

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List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

| | □ No. You have nothing to report in th ☑ Yes | is part. Sub | mit this form to th | ne court with your other schedules. | | |
|-----|--|--|---|--|--------------|------------|
| | nonpriority unsecured claim, list the cre- | ditor separa ditor holds a | itely for each claii | order of the creditor who holds each claim. If a creditor has m. For each claim listed, identify what type of claim it is. Do no list the other creditors in Part 3.If you have more than three no | t list clair | ms already |
| 4.1 | CNIAC II 404 | | | | Total | claim |
| С | CNAC-IL 124 Nonpriority Creditor's Name | | *************************************** | Last 4 digits of account number | \$ | 5,125.00 |
| | 9121 S CICERO | | | When was the debt incurred? | | |
| | Number Street | 11 | 60453 | - | | |
| | OAK LAWN City | IL State | 60453 ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | | | ☐ Contingent | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | |
| | Debtor 1 only Debtor 2 only | | | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | | ☐ Student loans | | |
| | Check if this claim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce | | |
| | Is the claim subject to offset? | • | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ No | | | Other. Specify | , | |
| | Yes | | | | | |
| 4.2 | PEOPLES ENERY | | | Last 4 digits of account number | \$ | 210.00 |
| L | Nonpriority Creditor's Name | ********** | | When was the debt incurred? | | |
| | 200 E RANDOLPH | | | | | |
| | Number Street | 11 | 00004 | As of the date you file, the claim is: Check all that apply. | | |
| | CHICAGO | IL State | 60601 ZIP Code | | | |
| | | 32.10 | | Contingent Unliquidated | | |
| | Who incurred the debt? Check one. Debtor 1 only | | | Disputed | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | | Student loans | | |
| | Check if this claim is for a commun | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | □ No | | | Other. Specify | | |
| | Yes | | | | | |
| 4,3 | FIRST PREMIER BANK | | | Last 4 digits of account number | | 441.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | \$ | 771.00 |
| | 3820 N LOUISE AVE | ************************************** | | • | | |
| | SIOUX FALLS | SD | 57107 | - As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | | | |
| | Who incurred the debt? Check one. | | | ☐ Contingent ☐ Unliquidated | | |
| | Debtor 1 only | | | Disputed | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a commun | itu dahe | | Student loans | | |
| | | nty uest | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | | | Other. Specify | | |
| | | | | | | |

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| Part 2: | Your | NONPRIORITY | Unsecured | Claims - | Continuation | Page |
|---------|------|-------------|-----------|----------|--------------|------|
|---------|------|-------------|-----------|----------|--------------|------|

| After listing any entries on this pag | ge, number th | em beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|---------------|------------------|---|-------------------------|
| ENHANCED RECOVERY | COMPAN | Y | Last 4 digits of account number | _{\$_} 1,097.00 |
| Nonpriority Creditor's Name PO BOX 57547 | | | When was the debt incurred? | - |
| Number Street JACKSONVILLE | FL | 32241 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| o.,, | CLUB | 2 0040 | Unliquidated | |
| Who incurred the debt? Check or | ne. | | ☐ Disputed | |
| Debtor 1 only | | | · | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and a | nother | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | mmunity debi | t | you did not report as priority claims | |
| Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | |
| □ No | | | Other Specify | |
| O Yes | | | | |
| Andrews Andrew | | | | |
| LICITY OF CHICAGO DEP | T OF REV | | Last 4 digits of account number | \$ <u>1,000.00</u> |
| Nonpriority Creditor's Name | | | When was the debt incurred? | |
| 121 N LASALLE ST ROO | M 107A | | | |
| Number Street CHICAGO | IL | 60602 | As of the date you file, the claim is: Check all that apply. | |
| City | ∩∟ State | ZIP Code | Contingent | |
| • | | | Unliquidated | |
| Who incurred the debt? Check on | ie. | | ☐ Disputed | |
| Debtor 1 only | | | • | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and ar | nother | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | mmunity debt | | you did not report as priority claims | |
| Is the claim subject to offset? | • | | Debts to pension or profit-sharing plans, and other similar debts | |
| No | | | Other, Specify | |
| ☐ Yes | | | | |
| | | | | _{\$} 18,065.0 |
| BRIDGECREST FORMER | RLY DRI | | Last 4 digits of account number | \$ 10,000.44 |
| Nonpriority Creditor's Name | | | 200 | |
| PO BOX 29018 | | | When was the debt incurred? | |
| Number Street PHOENIX | AZ | 85038 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZiP Code | ☐ Contingent | |
| | | | ☐ Unliquidated | |
| Who incurred the debt? Check on | e. | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and an | other | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | mmunity debt | | you did not report as priority claims | |
| is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| □ No | | | Outer, Specify | |
| O Yes | | | | |

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Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| r listing any entries on this page | , number th | em beginning wit | h 4.4, followed by 4.5, and so forth. | Total cla |
|---|---|--|--|-----------|
| CHRYSTER CAPITAL | | | Last 4 digits of account number | \$_27,27 |
| Nonpriority Creditor's Name PO BOX 961275 | | | When was the debt incurred? | |
| Number Street FORT WORTH | TX | 76161 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| | | | Unliquidated | |
| Who incurred the debt? Check one | | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and and | ther | | Obligations arising out of a separation agreement or divorce that | |
| Charle Media atalan ta dan | د د د د عامد | | you did not report as priority claims | |
| ☐ Check if this claim is for a com | inunity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| is the claim subject to offset? | | | Other Specify | |
| □ No □ Yes | | | | |
| | | | | |
| | | | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | | | When was the debt incurred? | |
| Number Street | | PER LANGUAGE AND PROCESSION AND AND AND AND AND AND AND AND AND AN | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| | | | ☐ Unliquidated | |
| Who incurred the debt? Check one. | | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and ano | ther | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a com | munitu daht | | you did not report as priority claims | |
| | mumny debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| ls the claim subject to offset? | | | Other Specify | |
| □ No | | | | |
| Yes | | | | |
| | | | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | | | When was the debt incurred? | |
| Number Street | APPAPULIFICAÇÃO A PROPERTA A MINISTRA A A A A A A A A A A A A A A A A A A | | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| | | | Unliquidated | |
| Who incurred the debt? Check one. | | | ☐ Disputed | |
| Debtor 1 only | | | , | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and ano | ther | | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a com | munity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | | Other. Specify | |
| No · | | | The state of the s | |
| Yes | | | | |

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| SECR Name | ETARY OF STA | TE | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
|---|--|---|---|--|--|--|--|
| | TATE CAPITOL | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | essentas marcanta (a programa por de producir de programa por de partir de destructura de del del del del del d | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| SPRIN | NGFIELD | IL. | 62756 | Last 4 digits of account number | | | |
| City | | State | ZIP Code | | | | |
| Name | | | *************************************** | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| | | | ###################################### | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| City | | State | ZIP Code | Last 4 digits of account number | | | |
| J., | | Julio | 2.1. 0000 | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| Name | | *************************************** | | | | | |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | | | | Last 4 digits of account number | | | |
| City | | State | ZIP Code | | | | |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| 0.11 | | State | ZIP Code | Last 4 digits of account number | | | |
| City | | State | ZIP Gode | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| Name | ************************************** | | | | | | |
| Nhh | Character and the second | *************************************** | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | + | | | Last 4 digits of account number | | | |
| City | | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| Name | | | | | | | |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured | | | |
| | | | | Claims | | | |
| City | | State | ZIP Gode | Last 4 digits of account number | | | |
| Nama | | | *************************************** | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| Name | | | | Lineof (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| *************************************** | | | | | | | |
| City | YA | State | ZIP Code | Last 4 digits of account number | | | |

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Part 4s

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim | |
|-----------------------------|-----|---|------------|---------------------|--|
| Total claims | 6a | a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c | c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d | . Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 53,216.00 |
| | 6e | . Total. Add lines 6a through 6d. | 6e. | \$ | 53,216.00 |
| | | | | | |
| | | | | Total claim | |
| Total claims | 6f. | Student loans | 6f. | | 0.00 |
| | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. 6g. | Total claim \$ \$ | 0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority | | \$ | ************************************** |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other | 6g. | \$ | 0.00 |

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| | | | | Do | cument | Page 3 | 33 of 56 | | | |
|------------------|---|---|--|--|---|--|---------------------------------|-------------------------------------|---|------------------------------------|
| Fil | l in this in | nformation t | o identify you | case. | | | | | | |
| De | btor | STACY H | IARDEN | | | | | | | |
| | btor 2 | First Name | N | lidde Name | Last Name | *************************************** | | | | |
| | ouse If filing) | First Name | N | liddie Name | Last Name | | | | | |
| Uni | ited States | Bankruptcy Co | ourt for the: North | ern District of Illino | ais | | | | | |
| | se number known) | | | | *************************************** | | | | | Check if this is an amended filing |
| Ω€I | ficial E | Form 10 | nec | | | | | | | arriorided filling |
| | | | | ory Cont | racts a | ınd Un | expire | d Lease: | S | 12/15 |
| Be a infor addit | s comple mation. I tional pag Do you h | te and accur f more spac ges, write you have any executes this box | rate as possible is needed, cour name and courtant contract and file this fo | le. If two married ppy the additional case number (if krets or unexpired krets or unexpired krets with the court w | people are fill I page, fill it on nown). eases? vith your other: | ing together ut, number t schedules. Y | , both are equathe entries, and | ally responsible d attach it to thi | for supplying page. On the thing this form. | he top of any |
| 2. | List sepa | rately each | person or com | elow even if the corpany with whom yone). See the inst | vou have the | contract or i | lease. Then sta | ite what each c | ontract or le | |
| | Person o | r company v | with whom you | ı have the contrac | t or lease | | State what the | ne contract or le | ease is for | |
| 2.1 | | | | | | | | | | |
| | Name | | | | *************************************** | *************************************** | | | | |
| | Number | Street | | · · · · · · · · · · · · · · · · · · · | | *************************************** | | | | |
| | City | | State | ZIP Code | | | | | | |
| 2.2 | - · · · • | | | 2 0000 | | | | | | |
| | Name | · · · · · · · · · · · · · · · · · · · | | | *************************************** | | | | | |
| | Number | Street | | | | | | | | |
| | City | | State | 7ID Code | | *************************************** | | | | |
| 2.3 | City | | Sidie | ZIP Code | | | | | | |
| i | Name | | | *************************************** | | order de la companya | | | | |
| i | Number | Street | | | | | | | | |
| 7 | City | | State | 7ID Code | *************************************** | INAMAANIRA MAARAMA | | | | |
| 2.4 | Oity | | State | ZIP Code | | | | | | |
| Ĩ | Name | | | | | - | | | | |
| Ĩ | Number | Street | | | | | | | | |
| 7 | City | | State | ZIP Code | ~^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | noma, a construction | | | | |
| 2.5 | y | | ा वार | AIT VOUC | | | | | | |
| _ | Vame | - | | | white the second contains | | | | | |
| ï | Number | Street | | | | | | | | |

State

ZIP Code

City

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Debtor 1

STACY HARDEN

Last Name

Case number (if known)



Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease 22 Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code 2.__ Name Number Street City ZIP Code State 2.__ Name Number Street City ZIP Code State 2.__ Name Number Street City ZIP Code State 2.__ Name Number Street City State ZIP Code 2.__ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code

What the contract or lease is for

| | | | | Ducu | iiiieiit r | aye so | 01 50 | |
|---|---|--|--|--|--|---|---|--|
| Filli | n this in | formation to id | entify your case: | | | J | | |
| Debte | or 1 | STACY HAR | DEN | | | | | |
| | - | First Name | Middle Nam | e | Last Name | | | |
| Debto (Spou | or 2 ise, if filing) | First Name | Middle Nam | e | Last Name | <u> </u> | | |
| Unite | d States E | Bankruptcy Court fo | or the: Northern Dis | strict of Illinois | | ļ | | |
| Case | number | | | | | | | |
| (If kno | own) | | | | | | | ☐ Check if this is |
| | | | | | | | | amended filing |
| Offic | cial F | orm 1061 | <u> </u> | | | | | |
| Scl | hedi | ıle H: Y | our Code | btors | | | | 12/1 |
| are fili and nu case n 1. Do 2. W Al | ing toge: umber the number (o you ha i No i Yes i/ithin the rizona, C i No. Ge i Yes. C i No. i Yes. | ther, both are ene entries in the (if known). Answer any codebte e last 8 years, he california, Idaho, to to line 3. Did your spouse, the committee of the comm | qually responsibe boxes on the let wer every questions? (If you are filinave you lived in a Louisiana, Nevad former spouse, or | le for supplying the Attach the A | ng correct info Additional Pag , do not list eith property state o, Puerto Rico, nt live with you | ermation. If e to this pa er spouse a or territory Texas, Wash at the time? | more spa age. On the as a codeb ? (Commu hington, and | unity property states and territories include |
| | Nu | imber Street | | | | | | |
| | Cit | у | | State | Ž | P Code | | |
| st Sc Sc | nown in chedule chedule | line 2 again as D (Official Form | a codebtor only i n 106D), Schedul le G to fill out Co | f that person e E/F (Official | is a guarantor | or cosigne | r. Make si ile G (Offi | pouse is filing with you. List the person ure you have listed the creditor on cial Form 106G). Use Schedule D, |
| • | 201411111 | . Tour couebio | • | | | | | neck all schedules that apply: |
| 3.1 | | | | | | | CI | eck all scriedules that apply. |
| | Name | | | | *************************************** | | | Schedule D, line |
| | | | | | | | | Schedule E/F, line |
| | Number | Street | | | | | | Schedule G, line |
| | City | · · · · · · · · · · · · · · · · · · · | | State | | ZIP Code | | |
| 32 | | | | | | | | Schedule D, line |
| | Name | | | | | | | Schedule E/F, line |
| i | Number | Street | | | | | | Schedule G, fine |
| : | City | | | D4-1. | | | | |
| 3.3 | Oity | | | State | | ZIP Code | | |
| j | Name | | | | | | □ | Schedule D, line |
| | | | | | | | | Schedule E/F, line |
| Ī | Number | Street | | | | | | Schedule G, line |
| Ī | City | | | State | | ZIP Code | | |

Case 17-13662

Filed 05/01/17 Document

Entered 05/01/17 09:24:52

Debtor 1

| HOME | UWVDEN |
|------------|-------------|
| in the sec | 16 4 0 - 11 |

Last Name

Doc 1

Case number (if known)

Desc Main

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☐ Schedule E/F, line ____

☐ Schedule D, line ___

☐ Schedule E/F, line ___

☐ Schedule G, line _____

☐ Schedule G, line _____

Additional Page to List More Codebtors Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: 3._ ☐ Schedule D, line ____ Name ☐ Schedule E/F, line _____ ☐ Schedule G, line Number City State ZiP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street City ZIP Code ☐ Schedule D, line ____ Name ☐ Schedule E/F, line _____ ☐ Schedule G, line _____ Number Street City State ZIP Code 3.__ Schedule D, line _____ Name ☐ Schedule E/F, line ____ Number Street ☐ Schedule G, line City State ZIP Code Schedule D, line Name ☐ Schedule E/F, line ___ Number ☐ Schedule G, line ____ Street City State ZIP Code ☐ Schedule D, line ____ Name

City

Number

City

Name

Number

3.__

Street

Street

ZIP Code

ZIP Code

State

State

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| Fill in this information to identify | your case: | | <u>.</u> | | | | |
|--|--|---|--|--|---------------|---|---|
| Dobtor 1 STACY HARDEN | | | | | | | |
| Debtor 1 STACT HARDET | Middle Name | Last Name | | | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | Northern District of Illinois | | | | | | |
| Case number | | | | | Check if th | ie îe: | |
| (If known) | | | | - 1 | | ended filing | |
| <u> </u> | | | | | 🗖 A supp | lement showing post | |
| Official Forms 4001 | | | | | income | as of the following o | late: |
| Official Form 106I | _ 800. | | | | MM / DI | O / YYYY | |
| Schedule I: You | ir income | a majana jaja apamia mara me tata aya paga maniya Spaja | On explored Wind | | | | 12/15 |
| Be as complete and accurate as presupplying correct information. If yelf you are separated and your spot separate sheet to this form. On the Part 1: Describe Employment | ou are married and not fi use is not filing with you, top of any additional pa | ling jointly, and you do not include in | our sp forma | oouse is liv | ing with yo | ou, include informationse. If more space is n | n about your spouse. eeded, attach a |
| Fill in your employment information. | | Debtor 1 | | | | Debtor 2 or non-fi | ling spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☑ Employed ☐ Not employ | ed | | | ☐ Employed ☐ Not employed | |
| Include part-time, seasonal, or self-employed work. | Osovenskian | | | | | | |
| Occupation may include student or homemaker, if it applies. | Occupation | DD 040 0T4 | | 2.1 | | *************************************** | |
| | Employer's name | BP GAS STA | VIIO | N | | | |
| | Employer's address | Number Street | Mindere des de des de des de | ······································ | | Number Street | |
| | | | | | | | |
| | | City | Stat | le ZIP Coo | | City | State ZIP Code |
| | How long employed the | • | oui | 211 000 | | Oity | Oldic Zii Oode |
| | now long employed the | | | | | | |
| Paril 24 Give Details About | Monthly Income | | | | | | |
| Estimate monthly income as of spouse unless you are separated | | m. If you have noth | ing to | report for a | ny line, writ | e \$0 in the space. Inclu | ude your non-filing |
| If you or your non-filing spouse had below. If you need more space, at | ive more than one employe tach a separate sheet to the | er, combine the infonis form. | rmatio | on for all er | nployers for | that person on the line | es |
| | | | | For De | ebtor 1 | For Debtor 2 or non-filing spouse | |
| List monthly gross wages, sale deductions). If not paid monthly, | | | 2. | <u>\$ 1,3</u> | 16.00 | \$ | |
| 3. Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | + \$ | |
| 4. Calculate gross income. Add lin | ne 2 + line 3. | | 4. | \$ 1,3 | 16.00 | \$ | |

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Debtor 1 STA

STACY HARDEN

Last Name

Case number (if known)_____

| | | | | For Debtor 1 | For Debtor 2 | | |
|-----|---------------|--|--------------------|---|--|--|----------------|
| | Co | py line 4 here | 3 4. | \$ <u>1,316.</u> (| | | |
| 5. | Lis | t all payroll deductions: | | | | | |
| | 5a | . Tax, Medicare, and Social Security deductions | 5a. | . \$ 116.0 |)() ¢ | | |
| | | Mandatory contributions for retirement plans | 5b. | | | | |
| | | Voluntary contributions for retirement plans | 5c. | 0.6 | | | |
| | | Required repayments of retirement fund loans | 5d. | ~ ~ | | | |
| | | Insurance | 5e. | 0.0 | | | |
| | 5f. | Domestic support obligations | 5f. | s 0.0 | | | |
| | | . Union dues | | | ν | | |
| | | | 5g. | | | | |
| | | Other deductions. Specify: | 5h. | +\$0.0 | <u>10</u> + s | and an arrange of | |
| 6 | Ad | id the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ 116.0 | <u>\$</u> | | |
| 7. | Ca | iculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ <u>1,200.0</u> | 0 \$ | | |
| 8. | List | all other income regularly received: | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.0 | <u>0</u> \$ | PPOPPER STANDARD STAN | |
| | 8b | Interest and dividends | 8b. | \$ 0.00 | 0 \$ | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a depender regularly receive | nt | <u> </u> | ······································ | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | <u>0</u> \$ | ****************************** | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | <u> </u> | | |
| | 8e. | Social Security | 8e. | \$0.00 | | | |
| | 8f. | Other government assistance that you regularly receive | | | | | |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$0.00 | ì | | |
| | _ | | 8f. | 111 | | | |
| | 8g. | Pension or retirement income | 8g. | \$ 0.00 | <u>)</u> \$ | | |
| | 8h. | Other monthly income. Specify: | 8h. | +\$0.00 |) +\$ | | |
| 9. | Add | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ 0.00 | 7 | | |
| 10. | Calco Add | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$1,200.00 | \$ | | 1,200.00 |
| 11. | State | all other regular contributions to the expenses that you list in Schedu | ule J. | | J L | L | |
| i | nclu riend | de contributions from an unmarried partner, members of your household, your selatives. | our de | pendents, your ro | | | |
| Ī | Do n | ot include any amounts already included in lines 2-10 or amounts that are no | ot ava | ailable to pay expe | enses listed in Schedi | ule J. | |
| 5 | Spec | ify: | | | | 11、★ § | 0.00 |
| 12. | \dd | the amount in the last column of line 10 to the amount in line 11. The rethat amount on the Summary of Your Assets and Liabilities and Certain States | esult i atistic | is the combined male information, if it | nonthly income, applies | 12. | 1,200.00 |
| 13. | Doy ⊠1 | ou expect an increase or decrease within the year after you file this fo | rm? | | | | nonthly income |
| | | es. Explain: | | | | | |

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| Fill in this information to identify | your case: | | | |
|---|---|---|--|------------------------------------|
| Debtor 1 STACY HARDEN | | Check if th | vie ie: | |
| Debtor 2 | Middle Name Last Name | | | |
| (Spouse, if filing) First Name | Middle Name Last Name | | ended filing Iement showing pos | tnetition chanter 13 |
| United States Bankruptcy Court for the: | Northern District of Illinois | | ses as of the following | |
| Case number (If known) | | MM / D | D/ YYYY | |
| Official Form 106J | | | | |
| Schedule J: Yo | ur Expenses | | | 12/15 |
| information. If more space is need (if known). Answer every question. | | ng together, both are equally r . On the top of any additional | esponsible for supply pages, write your nan | ying correct ne and case number |
| Part 1: Describe Your Hou | isenoid | | | |
| 1. Is this a joint case? | | | | |
| ☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a s | separate household? | | | |
| ☐ No ☐ Yes. Debtor 2 must file | e Official Form 106J-2, Expenses for S | eparate Household of Debtor 2. | | |
| 2. Do you have dependents? | ☐ No | Donandant's relationship to | Donometeralis | Daniel de la contract Por |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | SON | | ☐ No ☑ Yes |
| | | | | ☐ No |
| | | | | ☐ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | ☐ No |
| | | | | Yes |
| | | | | ☐ No |
| | | | 14 th drivitions and the second | Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | No Yes | | | |
| Part 24 Estimate Your Ongoin | ng Monthly Expenses | | | |
| | bankruptcy filing date unless you ar kruptcy is filed. If this is a suppleme | | | |
| Include expenses paid for with non | -cash government assistance if you | know the value of | | |
| such assistance and have included | it on Schedule I: Your Income (Office | ial Form 106l.) | Your expe | nses |
| The rental or home ownership eany rent for the ground or lot. | xpenses for your residence. Include t | first mortgage payments and | 4. \$ | 625.00 |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or re | nter's insurance | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, a | nd upkeep expenses | | 4c. \$ | 0.00 |
| 4d. Homeowner's association or | condominium dues | | 4d. \$ | 0.00 |

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Debtor 1

STACY HARDEN
First Name Middle Name Middle Name Last Name

Case number (if known)____

| | | | Your exp | enses |
|-----|---|-------------------|-----------|--------|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6, | Utilities: | ۵. | | |
| о. | 6a. Electricity, heat, natural gas | 6a. | \$ | 105.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | ^^ |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | | 7. | ¢ | 175.00 |
| 8. | Childcare and children's education costs | 8. | \$ | |
| 9. | Clothing, laundry, and dry cleaning | o. 9. | \$ \$ | |
| 10. | Personal care products and services | 9. 10. | \$ | 0.00 |
| 11. | Medical and dental expenses | 11. | \$ | |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | Ψ | |
| · | Do not include car payments. | 12. | \$ | 75.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. | | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 70.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 0.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 47 | Installment or lease payments: | , | | |
| 17. | 17a. Car payments for Vehicle 1 | 47- | ¢ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17a. | \$ \$ | 0.00 |
| | | 17b. | | 0.00 |
| | 17c. Other Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | ъ <u></u> | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | | | Φ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | 0.00 |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income | 9. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20 e . | \$ | 0.00 |

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| Debtor 1 | STACY H | ARDEN Middle Name | Last Name | | Case n | number (if known)_ | | |
|----------------------|---------------------------------|--|--|------------------------|---|--------------------|------|----------|
| 21. Other. | Specify: | | | | | 21. | +\$ | 0.00 |
| 22. Calcula | ite your mont | hly expenses. | | | | | | |
| 22a. Ad | d lines 4 throu | igh 21. | | | | 22a. | \$ | 1,175.00 |
| 22b. Co | py line 22 (mo | onthly expenses f | or Debtor 2), if any, | , from Official Form 1 | 106J-2 | 22b. | \$ | 0.00 |
| 22c. Add | d line 22a and | 22b. The result i | s your monthly exp | enses. | | 22c. | \$ | 1,175.00 |
| 23. Calculate | e your month | ly net income. | | | | | | |
| 23a. Co | ppy line 12 (you | ur combined mor | thly income) from 5 | Schedule I. | | 23a. | \$ | 1,200.00 |
| 23b. Co | py your month | lly expenses fron | i line 22c above. | | | 23b. | - \$ | 1,175.00 |
| | | onthly expenses for monthly net inco | rom your monthly ir | ncome. | | 23c. | \$ | 25.00 |
| | - | - | | | | 256. | | |
| 24. Do you e | xpect an incr | ease or decreas | e in your expense | es within the year a | fter you file this f | form? | | |
| For exam mortgage | ple, do you ex payment to in | pect to finish pay crease or decrea | ing for your car loa se because of a mo | n within the year or o | do you expect you ns of your mortgag | r ge? | | |
| No. | | | | | | | | |
| Yes. | Explain her | æ. | | | | | | |

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| ormation to identify | your case: | | | | |
|---|---|--|--|---|--|
| STACY HARDEN | 1 | | \$\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\fin}}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\fin}\text{\$\fin}\tex | | |
| First Name | Middle Name | Last Name | | | |
| First Name | Middle Name | Last Name | | | |
| | | | | | |
| and upacy Court for the. | Nomen District of I | IIII IOIS | | | |
| *************************************** | | 10 THE REST OF THE | | Check if this amended file | |
| | | Individua | l Debtor's Sche | dules 12 | <u>V</u> 15 |
| ed people are filing | together, both are e | equally responsible f | or supplying correct information. | | Zina zinim |
| | | | · · · | <u>.</u> | |
| oney or property by oth. 18 U.S.C. §§ 152 | | | case can result in fines up to \$250, | 199, or imprisonment for up to 2 | |
| oth. 18 U.S.C. §§ 152 | , 1341, 1519, and 35 | 571. | | 000, or imprisonment for up to 3 | |
| oth. 18 U.S.C. §§ 152 | , 1341, 1519, and 35 | 571. | case can result in fines up to \$250,0 | 000, or imprisonment for up to 3 | |
| sth. 18 U.S.C. §§ 152 Sign Below pay or agree to pay | , 1341, 1519, and 35 | 571. | p you fill out bankruptcy forms? | | |
| oth. 18 U.S.C. §§ 152 | , 1341, 1519, and 35 | 571. | | | |
| sth. 18 U.S.C. §§ 152 Sign Below pay or agree to pay | , 1341, 1519, and 35 | 571. | p you fill out bankruptcy forms? Attach Bankruptcy Petition Prepar | | |
| Sign Below pay or agree to pay Name of person | , 1341, 1519, and 35 someone who is No | OT an attorney to he | p you fill out bankruptcy forms? Attach Bankruptcy Petition Prepar | er's Notice, Declaration, and | |
| Sign Below pay or agree to pay Name of person enalty of perjury, I d | , 1341, 1519, and 35 someone who is No | OT an attorney to he | p you fill out bankruptcy forms? Attach Bankruptcy Petition Prepar. Signature (Official Form 119). | er's Notice, Declaration, and | |
| Sign Below pay or agree to pay Name of person enalty of perjury, I dy are true and correct | , 1341, 1519, and 35 someone who is No | OT an attorney to he | p you fill out bankruptcy forms? Attach Bankruptcy Petition Prepar. Signature (Official Form 119). | er's Notice, Declaration, and | |
| | STACY HARDEN First Name First Name ankruptcy Court for the: Form 106D Aration A ed people are filing | STACY HARDEN First Name Middle Name Ankruptcy Court for the: Northern District of Form 106Dec Aration About an ed people are filing together, both are ed. | STACY HARDEN First Name Middle Name Last Name Ankruptcy Court for the: Northern District of Illinois Form 106Dec Aration About an Individua ed people are filing together, both are equally responsible for | STACY HARDEN First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: Northern District of Illinois Form 106Dec | First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: Northern District of Illinois Check if this amended file Form 106Dec aration About an Individual Debtor's Schedules and people are filing together, both are equally responsible for supplying correct information. |

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| Filli | n this i | nformation to identify | / your case: | | J | | |
|---|---|--|--|-------------------------------|--|---|-------------------------------|
| Debto | or 1 | STACY HARDEI | V | | | | |
| Debto | | First Name | Middle Name | Last Name | | | |
| | | First Name | Middle Name | Last Name | | | |
| Unite | d States | Bankruptcy Court for the: | Northern District o | f Illinois | HIPPERIOR | | |
| Case (If kno | number (wn) | *************************************** | | | - The second sec | | ☐ Check if this is an |
| 1 | | | | | | | amended filing |
| | | | | | | | |
| | | Form 107 | | | | | |
| Sta | tem | ent of Fina | ncial Affai | rs for Indiv | iduals Filing | for Bankrupto | Cy 04/16 |
| Be as | comple | te and accurate as p | ossible. If two mar | ried people are filin | g together, both are equ | ally responsible for supp ditional pages, write your | lying correct |
| numbe | er (if kno | own). Answer every | question. | are sheet to ans to | in. On the top of any act | ntional pages, write your | name and case |
| Part | ía G | ive Details About | Your Marital Sta | itus and Where Y | ou Lived Before | | |
| | | Petro Colony la constantina de la constantina del constantina del constantina de la constantina del constantina del constantina de la constantina del constant | | | | | |
| 1. W | hat is y | our current marital s | tatus? | | | | |
| | Marrie Not m | | | | | | |
| Su. | ar Horiti | arned | | | | | |
| | | e last 3 years, have y | ou lived anywhere | other than where y | ou live now? | | |
| | No Vec I | ist all of the places yo | ulived in the last 2 | room. Do not includ | and the same of th | | |
| *************************************** | | or 1: | u iiveu iii iiie iast s | | | | |
| | Den | .01 1. | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| | | | | | Same as Debtor 1 | | Same as Debtor 1 |
| | | | | From | | | _ |
| | Num | ber Street | | To | Number Street | | From |
| | - | | | | | | |
| | City | | State ZIP Code | <u></u> | City | State ZIP Code | |
| | | | | | Same as Debtor 1 | outo En Jose | D |
| | | | | _ | Same as Debitor (| | Same as Debtor 1 |
| | Numl | ber Street | | From | Number Street | | From |
| | *************************************** | | | | | | To |
| | City | | State ZIP Code | • | | | |
| | · | | | | City | State ZIP Code | |
| 3. With | thin the tes and | last 8 years, did you territories include Ariz | ever live with a spons, California, Idah | ouse or legal equiv | ralent in a community pro | operty state or territory? co, Texas, Washington, an | (Community property |
| A | No | | | | | o, roxes, rvesimigrom, em | a verscorismi.) |
| u | Yes. Ma | ake sure you fill out Se | chedule H: Your Co | debtors (Official Fom | 106H). | | |
| | 8 8 | | | | | | |
| Part 2 | Ехр | lain the Sources o | f Your Income | | | | |

Official Form 107

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| btor 1 | STACY HARDEN First Name Middle Name Last | Name | Case nu | umber (# known) | |
|----------------------|--|--|--|--|--|
| Market Market Street | | Constitutis da la la para se se propose de se posicio de la constitución de propose de constitución de la co | | | |
| Fill in If you | you have any income from employment in the total amount of income you receive a are filing a joint case and you have income. | d from all jobs and all bus | sinesses, including part-ti | me activities. | endar years? |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips | \$1,200.00 | Wages, commissions, bonuses, tips | \$ |
| | | Operating a business | | Operating a business | |
| F | For last calendar year: | Wages, commissions, bonuses, tips | s 1,200.00 | Wages, commissions, | |
| (| January 1 to December 31, 2016 | Operating a business | \$ | bonuses, tips Operating a business | \$ |
| F | For the calendar year before that: | Wages, commissions, | | ☐ Wages, commissions, | |
| | January 1 to December 31, 2015 | bonuses, tips Operating a business | \$1,000.00 | bonuses, tips Operating a business | \$ |
| gambi | ployment, and other public benefit paym ling and lottery winnings. If you are filing ach source and the gross income from e o es. Fill in the details. | a joint case and you have | e income that you receive | ed together, list it only once | suits; royalties; and e under Debtor 1. |
| | os. i il ili dio dottato, | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| F | From January 1 of current year until | | \$ | | \$ |
| ŧ | he date you filed for bankruptcy: | | \$ | | \$ |
| | | | \$ | | \$ |
| F | For last calendar year: | | \$ | | \$ |
| | January 1 to December 31,2016 | | \$ | | \$ |
| | YYYY | | | | |
| F | or the calendar year before that: | , | Ţ. | | • |
| | January 1 to December 31,2015 | | | | \$ |
| , | YYYY | | | | \$ |

5.

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|------------|---|
| Debtor 1 | STACY HARDEN First Name Middle Name Last Name Case number (if known) |
| Part 3: | List Certain Payments You Made Before You Filed for Bankruptcy |
| 6. Are eit | ther Debtor 1's or Debtor 2's debts primarily consumer debts? |
| Ø No | Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |
| | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? |
| | □ No. Go to line 7. |
| | Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |
| | * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |
| ☐ Yes | s. Debtor 1 or Debtor 2 or both have primarily consumer debts. |
| | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |
| | □ No. Go to line 7. |
| | Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |

| | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
|---|-------|----------|--|-------------------|--|------------------------|
| Creditor's Name | | | | \$ | \$ | ☐ Mortgage |
| | | | | | | Car |
| Number Street | | | | | | Credit card |
| | | | | | | Loan repayment |
| *************************************** | ***** | | | | | ☐ Suppliers or vendors |
| City | State | ZIP Code | | | | Other |
| | | | | \$ | \$\$ | ☐ Mortgage |
| Creditor's Name | | | Andrew Commencer Commencer Associations | | | Car |
| | | | | | | |
| Number Street | | | AND AND AND ASSESSMENT OF THE PARTY OF THE P | | | Credit card |
| | | | #78-1470451144414441444444444 | | | Loan repayment |
| | | | | | | Suppliers or vendors |
| City | State | ZIP Code | | | | Other |
| | | | | \$ | \$ | (***) |
| Creditor's Name | | | | Y | —————————————————————————————————————— | ☐ Mortgage |
| | | | | | | ☐ Car |
| Number Street | | | | | | Credit card |
| | | | | | | Loan repayment |
| | | | Mathematical Control of the Control | | | Suppliers or vendors |
| City | State | ZIP Code | | | | Other |

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| Debtor 1 | STACY HARDEN First Name Last Name Last Name | | , maga | Case number (if known | 9) |
|-------------|--|---|---|---|---|
| Insi con | hin 1 year before you filed for bankruptcy, did ders include your relatives; any general partners; porations of which you are an officer, director, per nt, including one for a business you operate as a | relatives of any son in control, o | general partners; or owner of 20% or | partnerships of which more of their voting | ch you are a general partner; a securities; and any managing |
| suci | n as child support and alimony. No | | | , , | |
| \max.il | Yes. List all payments to an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | - | \$ | \$ | |
| | Number Street | 444 | | | |
| | City State ZIP Code | - | | | |
| | Insider's Name | | \$ | \$ | |
| | Number Street | | | | |
| | City State ZIP Code | | | | |
| an ir | in 1 year before you filed for bankruptcy, did y isider? de payments on debts guaranteed or cosigned by | | ayments or trans | fer any property o | n account of a debt that benefited |
| Q V | | y an insider. | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insider's Name | | \$ | \$ | |
| | Number Street | | | | |
| | City State ZIP Code | | | | |
| | insider's Name | *************************************** | \$ | \$ | |

City

Number Street

State

ZIP Code

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STACY HARDEN

| ebtor 1 | STACY HARDEN First Name Middle Name Last Name | | Case number (if kno | ien) | |
|-------------|---|--|----------------------------------|-------------------|---|
| | First Name Middle Name Last Name | 8 | · | - | |
| | | | | | |
| art 4: | , | | | | |
| Within | 1 year before you filed for bankruptcy, | were you a party in any | lawsuit, court action, or adn | ninistrative prod | eeding? |
| and co | I such matters, including personal injury ca ontract disputes. | ses, small claims actions, | divorces, collection suits, pate | emity actions, su | pport or custody modifica |
| ⊠ No | | | | | |
| | es. Fill in the details. | | | | |
| | N | ature of the case | Court or agency | | 6 00 - 50 |
| | | | oute of agency | | Status of the cas |
| С | ase title | | Court Name | | Pending |
| | | | Cotal Name | | On appeal |
| | | | Number Street | | Concluded |
| C | ase number | | | | |
| | | | City Sta | ite ZIP Code | |
| | | | | | |
| Ca | ase title | | Court Name | | Pending |
| | | | Courtifaine | | On appeal |
| | | | Number Street | | Concluded |
| Ca | ase number | | | | |
| | | | City Sta | le ZIP Code | *************************************** |
| | . Fill in the information below. | Describe the proper | tv | Date | Makes and |
| | | | • | Date | Value of the property |
| | | - Charles - Char | | | S |
| | Creditor's Name | | | | |
| | Number Street | Evetein what have | | | |
| | | Explain what happer | | | |
| | | Property was r | | | |
| | | Property was find Property was g | | | |
| | City State ZIP Code | | ittached, seized, or levied. | | |
| | | Describe the propert | | D. 4 - | |
| | | become the property | y | Date | Value of the property |
| | | | | | |
| | Creditor's Name | TYPY/ Indiana. | | | \$ |
| | | | | | |
| | Number Street | Evolain what hannan | a d | | |
| | | Explain what happen | | | |
| | | Property was re | | | |
| | | Property was fo | | | |
| | City State ZIP Code | Property was ga | | | |
| | | Property was at | tached, seized, or levied. | | |

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STACY HARDEN

Debtor 1

| | st Name | | |
|---|--|--|----------------|
| | | | |
| hin 90 days before you filed for bankru | uptcy, did any creditor, including a bank or finan | ncial institution, set off any ar | nounts from yo |
| counts or refuse to make a payment be | cause you owed a debt? | | _ |
| No | | | |
| Yes. Fill in the details. | | | |
| | Describe the action the creditor took | Date action | Amount |
| Creditor's Name | | was taken | |
| | | | |
| Number Street | | Additionally the property of the second seco | \$ |
| | | | |
| | | | |
| City State ZIP Code | Last 4 digits of account number: XXXX | | |
| | | Mark Marketonia managara | |
| hin 1 year before you filed for bankrupt | tcy, was any of your property in the possession | of an assignee for the benefi | t of |
| ditors, a court-appointed receiver, a cu | stodian, or another official? | • | |
| No | | | |
| Yes | | | |
| | | | |
| List Certain Gifts and Contribu | utions | CANAMATA LA NOTA CONTROL CONTR | |
| | | | |
| | | | |
| | otcy, did you give any gifts with a total value of n | nore than \$600 per person? | |
| No | otcy, did you give any gifts with a total value of r | nore than \$600 per person? | |
| No | otcy, did you give any gifts with a total value of r | nore than \$600 per person? | |
| No Yes. Fill in the details for each gift. | | nore than \$600 per person? | |
| No | otcy, did you give any gifts with a total value of r | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | | Vatue |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | Value \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | Describe the gifts | Dates you gave the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | Dates you gave the gifts | \$ |
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Entered 05/01/17 09:24:52 Case 17-13662 Doc 1 Filed 05/01/17 Document Page 49 of 56 STACY HARDEN Debtor 1 Case number (if known) Middle Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Date you Value that total more than \$600 contributed Charity's Name Number Street City State ZIP Code Part 64 List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? M No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss iost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. 2an 7a **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. 2 No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was Person Who Was Paid made Number Street State ZIP Code Email or website address

Person Who Made the Payment, if Not You

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| btor 1 | STACY H | ARDEN | | | Case number (if knot | | |
|---------------|--|--|-------------|---|-------------------------|--|-------------------|
| | First Name | Middle Name | Last N | ame | Octoo Harrison (il knoi | 071 <u>}</u> | |
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Person's relationship to you ____

Entered 05/01/17 09:24:52 Case 17-13662 Doc 1 Filed 05/01/17 Document Page 51 of 56 STACY HARDEN Debtor 1 Case number (it known) Middle Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) M No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust [2][[6]] List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. M No Yes, Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before closed, sold, moved, closing or transfer or transferred Name of Financial Institution Checking XXXX-☐ Savings Number Street ☐ Money market Brokerage City State ZIP Code Other Checking XXXX-Name of Financial Institution ☐ Savings Number Street Money market ☐ Brokerage Other State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? M No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? Q No Q Yes Name of Financial Institution Name Number Street Number Street

City

ZIP Code

City

ZIP Code

State

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| tor 1 | STACY HARD | | | Care | | |
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| | First Name Min | ddie Name L | ast Name | Case | number (if known) | |
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| Do yo | u hold or control a | any property that | someone else owns? Include | any property voi | horrowed from are sto | ring for |
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| ebtor 1 | STACY HARDEN First Name Middle Name Last | | Case number (if known) | |
|--------------|--|---|--|--|
| | rest wante midde Name Last | Name | | |
| 25. Hav | e you notified any governmental unit o | f any release of hazardous mate | rial? | |
| Ø | No | | | |
| | Yes. Fill in the details. | | | |
| | | Governmental unit | Environmental law, if you know it | Date of notice |
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| | Number Street | Number Street | | |
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| | | ministrative proceeding under a | ny environmental law? Include settlement | s and orders. |
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| <u>.</u> ! ` | es. Fill in the details. | | | |
| | | Court or agency | Nature of the case | Status of the case |
| (| Case title | _ | | |
| | | Court Name | | Pending |
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| | | Number Street | | Concluded |
| č | Case number | City State ZiP Co | nde | |
| | | | | |
| ant 1 | Give Details About Your Bus | iness or Connections to An | y Business | |
| r. With | in 4 years before you filed for bankrup | tcv. did vou own a business or i | have any of the following connections to a | onv husiness? |
| Į | A sole proprietor or self-employed i | n a trade, profession, or other a | ctivity, either full-time or part-time | , |
| [| A member of a limited liability comp | pany (LLC) or limited liability par | tnership (LLP) | |
| C | A partner in a partnership | | | |
| ţ | An officer, director, or managing ex- | ecutive of a corporation | | |
| [| An owner of at least 5% of the voting | g or equity securities of a corpo | ration | |
| | lo. None of the above applies. Go to Pa | | | |
| | es. Check all that apply above and fill | | zinaec | |
| | | Describe the nature of the busine | | number |
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| | DUSINESS NAME | | | - |
| | | | EIN: | |
| | Number Street | Name of accountant or bookkeep | er Dates business existed | |
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| | | | From To | The second secon |
| | City State ZIP Code | | | |
| | | Describe the nature of the busines | ss Employer Identification i | number |
| | Business Name | | Do not include Social Se | curity number or ITIN. |
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| | Number Street | Name of the state | | |
| | | Name of accountant or bookkeepe | Dates business existed | |
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| or 1 STACY HARD | EN | Case number (if known) | | | |
|--|---|---|--|--|--|
| First Name Middl | e Name Last! | ame Cook Hullider (F. NJOWII) | | | |
| | | | | | |
| | | | Employer Identification number | | |
| | | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | |
| Business Name | | | Do not moteur books becarty number is time. | | |
| | | | EIN: | | |
| Number Street | M. A. A | | | | |
| | | Name of accountant or bookkeeper | Dates business existed | | |
| A | | | | | |
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| City | State ZIP Code | | From To | | |
| | | | | | |
| stitutions, creditors, or | i filed for bankrup other parties. | tcy, did you give a financial statement to a | inyone about your business? Include all financial | | |
| No Yes. Fill in the details | below. | | | | |
| | | But 1 | | | |
| | | Date issued | | | |
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| Name | | MARKET AND THE COLUMN | | | |
| 144IIIO | | MM / DD / YYYY | | | |
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| 1310 saad the ancwers | on thin Ctate | | | | |
| iswers are true and cor | оп uns <i>Statement</i> тесt. I understand | or rinancial Affairs and any attachments, that making a false statement, concealing | and I declare under penalty of perjury that the g property, or obtaining money or property by frauc | | |
| connection with a ban | kruptcy case can i | result in fines up to \$250,000, or imprison | ment for up to 20 years, or both. | | |
| U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | • , | | |
| ~ . | - | | | | |
| e Stani | Hand o | | | | |
| ' James | , www | | | | |
| Signature of Debtor 1 | | Signature of Debtor 2 | · · · · · · · · · · · · · · · · · · · | | |
| 04/00/0017 | | | | | |
| Date 04/29/2017 | | Date | | | |
| d you attach additional | pages to Your Sta | tement of Financial Affairs for Individuals | Filing for Bankruptcy (Official Form 107)? | | |
| | | | 5 = (c | | |
| No | | | | | |
| Yes | | | | | |
| | | | | | |
| you pay or agree to pa | ay someone who is | s not an attorney to help you fill out bankı | ruptcy forms? | | |
| No | | y y y - a out build | | | |
| | | | Attach the Bentington B-122- Baseline | | |
| . The free control of the control of | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | |

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| Fill in this inf | ormation to ide | entify your case: | | | |
|---------------------|---------------------|--------------------------------|-----------|----------|--|
| Debtor 1 | STACY HAR | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States E | Sankruptcy Court fo | or the: Northern District of I | linois | | |
| Case number | | | | | |
| (If known) | | | | | |
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Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 4 List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the propert as exempt on Schedule C |
|---|--|--|
| Creditor's name: N/A | Surrender the property. | ☐ No |
| Description of | Retain the property and redeem it. | ☐ Yes |
| property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | ☐ No |
| name: | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | 22 |
| · | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | ☐ No |
| name: | Retain the property and redeem it. | ☐ Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| | Retain the property and redeem it. | ☐ Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| - | Retain the property and [explain]: | |

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| Debtor | 4 | |
|--------|---|--|

| | | 20001110111 | . ago oc o. oc | |
|----------|-------------|-------------|------------------------|--|
| STACY | HARDEN | | Case number (If known) | |
| rst Name | Middle Name | Last Name | Case number (Ir known) | |

| Part 2: | List | Your | Unexpired | Personal | Property | Lease |
|---------|------|------|-----------|----------|----------|-------|
| | | | | | | |

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| | · · · · · · · · · · · · · · · · · · · |
|--|--|
| Describe your unexpired personal property leases | Will the lease be assumed? |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | ☐ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| essor's name: | ☐ No |
| Description of leased property: | ☐ Yes |
| Sign Below | |
| nder penalty of perjury, I declare that I have indicated my intersonal property that is subject to an unexpired lease. | ention about any property of my estate that secures a debt and any |
| Stace Harden * | |
| ignature of Debtor 1 Signature | ure of Debtor 2 |
| ate 04/29/2017 Date | AM / DD / YYYY |
| ·• | ······· we want of the state of |

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